Within the community all women received about the same service. Though the poor felt the 20 to 30 baht cost[5] of a midwife was too expensive, and so utilized the free help of a compassionate kinsman (usually the mother) or neighbor, the latter sometimes were as expert manually as a midwife or even on their way to becoming one. The few critical cases, rich or poor, who were taken to the Minburi Health Center managed to pay the 50 to 70 baht fee (120 baht if penicillin were used).

General Attitudes Towards Having Children

In these farm families, children were an asset, for their help, skills, and earnings enriched the family. Boys and girls were equally desired. A girl did household chores and at her marriage brought in the considerable payment of "milk money." A boy could be ordained and so "bring merit" to his parents. Both could farm, and both would provide cherishing care to the parents in their old age, but this was expected particularly of daughters. A child usually arrived within a year or so of marriage, to the rejoicing of everyone. Until the birth of a child, marriage only partially changed the young couple's status, especially if they were still living under the parental roof. With children they became the heads of a family, with authority over, and responsibility for, a younger generation. In the few polygynous households, the position of a younger wife was enhanced when she bore a child. Sometimes on the birth of this or another child, the money paid to the bride's parents at the time of the wedding was turned over to the new mother. Title to some of the familial land, never given until a marriage had proved stable, might be conveyed to one spouse or the other. The arrival of a child was sometimes a signal for preparations for moving out and establishing an independent household, or for establishing a "second kitchen," i.e. two separate families living under a single roof. A study of the birth-rituals (Chap. V) gives evidence that the arrival of a child, especially the first, was of deep psychological and social significance to the parents. The marriage bonds were strengthened if the first-born were male (cf. p. 65). A couple without children was "sad" and "a little less rich." Barrenness was caused by lack of merit.

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5. Analysis of Janlekha's figures, borne out in observation, shows that per capita income was low, that there were many poor people, and because of the seasonal nature of income, even the rich were short of cash (1955:135-141). Ninety-two baht were the average "expenses for medicine" including delivery fees (1955:142).

761 Since only meritorious children were born into the
775 "right family," they were helpful and so easy to raise. The
593 easiest to raise were reincarnations of babies deceased in
829 the mother's present life. "A girl of three died. Her father
782 dreamed he was at her coffin. She asked for water which he gave her, then brought her home. Months later a boy was born, so easily raised up that people knew it was a reincarnation of that girl." Here amiability and the change to male sex demonstrated merit. In another tale, "a woman lost many babies at birth. Her husband, thinking it was the same child trying to be born to that mother, marked the forehead of the last deceased baby. His surmise proved correct, because the next baby born had this mark on its forehead."

This assumption that a woman's children were born to her over and over led to a measure of control over the cooperativeness of the child in the womb. A child trained to "good habits" became a meritorious adult who, when reborn, would of course "help" his mother in childbirth. It was advisable to set one's own child into paths of proper behavior, for he could be born again to a descendent, and in all likelihood to oneself.

On the other hand, families were not closed groups. "Like a leech that sticks in one place, then goes to stick somewhere else, so a deceased person may be reborn somewhere else," said a priest. The marriage blessing stated, "May angels, not criminals or beggars, reincarnate as your children." Thus was explained why upright parents might have a disobedient, roaming child. He had roamed into a new family which perhaps he had met during a pleasant casual visit to them in another life. If he did not stay home to make merit with his present family, a wayward child would roam out of it as easily as he came in. Here was the ultimate danger in visiting around too much.

761 Because all individuals lacking in merit died off at
593 birth, some of whom because they got into the wrong family,
782 a selective process continuously weeded out the extremely non-meritorious so that those who were born usually survived. In fact, Hauck's figure of 90.6 live births
• [163] (1956:33), the percentage of total pregnancies shows how many meritorious babies were born to the right family!

852 The Winnowing Ceremony
844
774 This ceremony, described in Dĕan's tale, was usually performed shortly after delivery, though it might occur anytime during the first three days of a baby's life. The child, placed on the tray (twins were laid together or seperately) was claimed by the mother or the father, who

severe injury, such as bruising by excessive pressing, or even in hysteria pulling the child to pieces in their effort to get it out.[66] [759] [845]

Secondly, a midwife offered success, not only as proof of competence, but as a substantive asset. It will be remembered that the initial shape of an event set the invariable pattern for its subsequent occurrences. Thus a parturient was virtually certain of successful childbirth if she called on a person who had the habit (khôei) of success. It could not turn out otherwise. We have also seen that these successful midwives were good nourishers (liang dî). A new mother wanted to associate herself with such a fortunate sequence. Once established, a midwife's reputation was not unduly tarnished by the loss occasionally of a mother or baby. She might explain, "The woman did not do as I said," or "I was not given permission to do what I could have done, for her family feared she would be even more hurt by my putting my hand into the vagina." Death was, of course, only due to the running-out of the deceased's merit. [761]

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66. To give something of the measure of their skill: if the feet of the baby appeared first, one man "straightened the legs by hand inside, held the chin carefully as the head came through," while another said, "Do not press or reach into the vagina. Let the baby come naturally." If an arm came first, or it were a breech presentation ("the baby is turned over"), the procedure was to "pull and press lightly," but it was conceded that neither the mother nor child could be saved. Expulsion of the placenta was frequently difficult. "It may take 2 hours or stay in 2 days or more. Some die when it is left in, but some do not." The technique of removal was to give a medicine, press, pull with the hands rubbed with alum for a better grip, with the woman in a crawling position. Some reached into the vagina to locate it. One woman had analyzed her practice so as to know when to expect trouble: namely, in the later pregnancies and childbirths, i.e. the sixth and seventh, say, rather than in the early ones during a woman's younger years.

As to mortality, one "professional" man estimated 30 deaths of babies out of 230 deliveries in 50 years. Hanks (1956) reported 90.6% live births (pp. 32-33), 7% of the babies dying in the first month, 11% within the first year (pp. 39-41). One should remember that the professionals had a greater proportion of difficult cases. One woman had delivered over 100 babies and "all lived." [165] [163]

124 Information on growth in height and weight is based on observations of 71 children, most of whom were weighed and measured 6
125 or 7 times. For 30 of these children, observations were made both before and after weaning.

HEALTH AND GENERAL CARE OF MOTHERS

145 Information obtained on menstrual history of girls and women in Bang Chan has been reported previously (Hauck, 1956). The median and modal reported age at menarche was 15 years with a range from 13 to 19 years.

• 161 Most married women in Bang Chan had children, and of 438 pregnancies reported by 84 mothers, over 90 per cent resulted in live births (Hauck, 1956).

163 Clinical History and Complaints During Pregnancy.

164 Most of the women interviewed reported no history of disease which might affect, or be affected by, nutritional status.

Four women had a history of beriberi; 3, a history of malaria; and one had active tuberculosis of which she later died. In relation to the current pregnancy, 6 women had minor complaints such as nausea in early pregnancy, faintness, and leg cramps. The physician considered these as probably physiological. Of the 4 women with more serious complaints, one who said she had pain in the abdomen and legs and difficulty in walking had manifest beriberi when seen a few days after delivery.

144 Delivery and Care of Mothers After Childbirth.

146 Information was obtained from 49 mothers concerning
125 delivery and care after childbirth. For 43 of these women, ages reported were as follows:

Reported Age (years)	Number of Mothers
20 or under	7
21-25	11
26-30	12
31-35	6
36-40	6
over 41	1

The mothers interviewed had borne from 1 to 13 children. For 8 of them, this was the first child; but 25, a majority,

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164 among children in Bang Chan is not known. One thing which
[146] residents of Bang Chan appeared to have in common with other populations which have been reported to be relatively caries free, was low intake of sugar, particularly in a form which would be apt to adhere to the teeth.

Adults up to 44 years of age, in the random sample, retained most of their teeth. A few adults in Bang Chan have
[301] had missing teeth crowned. More sound than missing teeth were found to be crowned, however, i.e. in this community a crowned tooth appears to have cosmetic value.

759 A variety of serious illnesses were found to occur among
[164] residents of Bang Chan. As a rule, local traditional practitioners were consulted first, but most persons reported to have been seriously ill eventually received treatment by outside practitioners with some training in modern medicine.

[844] The majority of mothers in childbirth were attended by
[743] local traditional midwives, but a few difficult cases were taken to the government Health Center in the nearby town of Minburi, where a trained midwife was in attendance.

465 Of 438 pregnancies reported by 84 mothers, over 90%
[163] resulted in live births. Of the 397 living children born to these women, 81% survived at the time of interview. Within the first month of life, 7% had died, and a total of 11% died within the first year. Tetanus was prominent among causes of death of infants under one month of age. Infantile beriberi caused some deaths among older infants. In a majority of cases, the cause of death of infants could not be clearly identified, but fever, debility and convulsions were the symptoms most commonly described.

196 Almost half of the persons examined for possible signs of nutritional deficiency, 46% of the school children and 47% of the family sample, were free of such signs. The remainder, slightly more than one half of persons examined, had from 1 to 7 signs each. In general, more of the children and adolescents than the adults were free of possible signs of malnutrition, and the larger percentages of persons with 2 or more signs were in the groups of older persons examined. Signs most often noted, namely changes in tongue, lips, skin and hair, and absence of knee and ankle jerk, might reasonably be associated with apparent deficiencies of riboflavin, vitamin A and thiamine
[164] in the diet. The only clearly defined deficiency disease observed among residents of Bang Chan during the field study was beriberi.

14 Hemoglobin values of 11.5 g or less per 100 ml. were

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Table 13

163 Relation of Reported Number of Pregnancies[1] to Years of Marriage During the Child-bearing Period, for 77 Women in Bang Chan

Years Marriage During Child-bearing Period	Number of Women	Range, Number of Pregnancies	Total Pregnancies	Average No. Pregnancies Per Woman
2 or less	10	1-3	13	1.3
3-4	7	1-3	13	1.9
5-6	6	2-3	16	2.7
7-8	3	2-5	9	3.0
9-10	7	3-5	27	3.9
11-15	15	2-9	74	4.9
16-20	10	1-12	66	6.6
21-25	6	3-13	52	8.6
26-30	5	2-12	35	7
31 or more	8	3-14	52	6.5
Total 21 or more	19	2-14	139	7.3

1. 2 women, married 10 and 21 years respectively, who reported no pregnancies, were omitted from the tabulation. A few others could not be included because of inadequate information.

All but one of the 84 mothers surveyed had living children at the time of interview. One woman, aged 23, had been pregnant 5 times in 5 years of marriage, with 1 miscarriage, 1 death in utero, and 1 stillbirth. The 2 children born alive to this mother were considered by the interviewing physician as probably premature, and were classified as dying because of "debility." Of a total of 438 pregnancies reported, however, 397 or over 90% resulted in live births (Table 14).

A [see p. 33-Analyst]

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Table 14

Relation of Live Births to Total Pregnancies as Reported by 84 Women in Bang Chan

	Number of mothers	Total cases	Percentage of total pregnancies
Pregnancies	84	438	100
Miscarriages	23	33	7.5
Deaths in utero	4	4	0.9
Stillbirths	3	4	0.9
Live births	84	397	90.6

Illness and Injury

Medical Services Available to Residents of Bang Chan. - Within the community of Bang Chan, about 8 traditional "doctors" and 15 traditional midwives practiced their skills. Three of the traditional practitioners were Buddhist priests. The others earned their living chiefly by farming. In addition, two or three persons who were skilled at massage, and at least one medium had some reputation for success in treating sick persons.

The nearest source of trained medical assistance was Minburi, the market town about 3 miles from Bang Chan. The staff of the Minburi Health Center, which was under Thai government auspices, included a first-class doctor, a dentist and a nurse-midwife. One or two beds were available for the use of critically ill patients until they could be taken to a hospital in Bangkok. For less critical illnesses, the second-class doctors who operated private clinics in Minburi seemed to get more patronage from residents of Bang Chan than did the doctor at the Health Center.

The majority of women in Bang Chan were delivered at home, by the traditional midwives. During 1952-53 we learned of two pregnant women who planned to go to the Minburi Health Center for delivery, but time did not permit them to carry out their plans. Some cases of prolonged or difficult labor were, however, brought from Bang Chan to the Health Center, where a labor room and a delivery room were available in a separate wooden building. Facilities were very simple. Patients lay on